

ATTACHMENT 1



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY AVIATION CENTER AND FORT RUCKER
453 NOVOSEL STREET
FORT RUCKER, ALABAMA 36362-5105

REPLY TO
ATTENTION OF

CERTIFIED RETURN RECEIPT REQUESTED

NOV 8 2004

Office of the
Staff Judge Advocate

RE: Federal Tort Claim – Jones, Vicky (05-241-T001)

Goozee, King & Horsley
Attn: Richard F. Horsley
Shades Brook Bldg, Suite 200
3300 Cahaba Road
Birmingham, Alabama 35223

Dear Mr. Horsley:

On September 1, 2004 this office received from you a copy of an undated Standard Form 95 (Claim for Damage, Injury, or Death) for damages in the amount of \$50,000.00 for personal injuries allegedly sustained by Vicky Jones as the result of an April 13, 2002 automobile accident involving a government vehicle.

The claim is denied. Under the Federal Tort Claims Act (28 USC 2671, et seq.), a claim must be filed within two years of the date of the incident giving rise to the claim. You have advised that the original claim was mailed to the Fort Benning Claims Office January 2004. Fort Benning Claims Office has no record of receiving the original claim. Records reveal that a copy was received with your August 19, 2004 letter. Because your client's claim was filed more than two years from the date of the accident, it is barred by the two-year statute of limitations.

An appeal from this action may be made to the Commander, U.S. Army Claims Service within six months of receipt of this letter. The regulation requires that the appeal be in writing, addressed to the Commander, U.S. Army Claims Service, Fort George G. Meade, MD 20755-5360, and mailed to the Fort Rucker Claims Office at: Office of the Staff Judge Advocate, Tort Claims Division, Rm. 321, Soldier Service Center, Fort Rucker, Alabama 36362-5105. There is no form prescribed for such an appeal. However, the factual and legal grounds relied on should be fully set forth and should address the issues raised above and resolved against you. Any additional evidence should be furnished in support of the claim.

I am required by regulation to inform you that if you are dissatisfied with the action taken on your claim, you may file suit in an appropriate U.S. District Court not later than six months from the date of the mailing of this letter, or your remedy will be forever barred. This is not intended to imply that any such suit, if filed, would be successful.

COPY

Subject: Federal Tort Claim - (05-241-T001)

Should you have any questions, please feel free to contact Staff Sergeant Bell, NCOIC, Claims Division at (334) 255-2517.

Sincerely,



Randy T. Kirkvold
Lieutenant Colonel, U.S. Army
Staff Judge Advocate

COPY

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:

Goozee, King, & Horsley
 ATTN: Richard F. Horsley
 Shades Brook Bldg, Suite 200
 3300 Cahaba Road
 Birmingham, AL 35223

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number
(Transfer from service label) **70993400001501472808**

PS Form 3811, August 2001

102956-01-N-2509

Domestic Return Receipt



Postage \$	2 5 4 2
Certified Fee	0 4 2 0
Return Receipt Fee (Endorsement Required)	5 4 0 0
Restricted Delivery Fee (Endorsement Required)	0 0 4 0

Total P Goozee, King, & Horsley
 Recipient ATTN: Richard F. Horsley
 Street: 7 Shades Brook Bldg, Suite 200
 City: 3300 Cahaba Road
 State: 73300 Birmingham, AL 35223

PS Form 3811, August 2001



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Amy Upner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>(Printed Name)</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
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<p>2. Article Number <i>(Transfer from service label)</i></p> <p><i>70993400001501472808</i></p>			